

Application for Change of Licensed Premise

\$25 non-refundable filing fee is charged at time of application. Complete application is due at 12 noon two weeks before ALRC meeting. Applicants must appear before the ALRC.

Please contact City Zoning (MMB LL-100, 608-266-4560). A Conditional Use Permit may be required.

- Detailed floor plans (no larger than 8 ½ x 14) must accompany this form, or the request will not be presented to the ALRC.
- Orange sign- You must display the public notice sign within three days of your application at the current premise until the Common Council makes a final determination.

Prior to your appearance before the Alcohol License Review Committee (ALRC), you must contact

- **The Alderperson of the District in which you intend to do business.**
- **The representative of the appropriate neighborhood association (if any).**
- **The Madison Police Department.**

Alderperson _____ can be reached at _____, at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.

The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.

- Police Department Central District Captain Carl Gloede (Sector 400) can be reached at 261-9694.
- Police Department East District Captain Mary Schauf (Sector 600) can be reached at 267-2100.
- Police Department North District Captain Cam McLay (Sector 500) can be reached at 245-3652.
- Police Department West District Captain Vic Wahl (Sectors 100-200) can be reached at 243-0503.
- Police Department South District Captain Joe Balles (Sector 300) can be reached at 267-8687.

The Alcohol Policy Coordinator, Mark Woulf can be reached at 264-9295

Corporate/Owner Name _____

DBA _____ **Contact Phone Number:** _____

Address _____

Current Capacity (Indoor): _____ **Proposed Capacity (Indoor):** _____

Current Capacity (Outdoor): _____ **Proposed Capacity (Outdoor):** _____

Description of Proposed Changes: _____

Signature of Applicant _____ **Date** _____

Application to be considered at the _____ ALRC meeting and the _____ Council meeting.

License Number LICPCH-20____-_____ Legistar # _____

Routed: City Zoning Building Inspection Madison Police Sector _____ Alder _____ (District _____)